

*MONTANA INJURY
PREVENTION PROGRAM
STATE PLAN*



*2009-
2011*

Table of Contents

| | |
|-----------------------|----|
| Acknowledgements_____ | 4 |
| Background_____ | 5 |
| Surveillance_____ | 8 |
| Capacity_____ | 9 |
| Interventions_____ | 10 |
| Conclusion_____ | 12 |

If you have questions about this state plan, please contact:

Bobbi Perkins, BA

(406) 444-4126, bperkins@mt.gov

Injury Prevention Program Manager

Cover art provided by: Todd S. Harwell

Cover: Black Butte

Acknowledgements

The MIPP would like to thank the Montana Injury Prevention Coalition for their collaboration in designing and preparing as well as their support for this prevention

| Name | Agency | Job Title |
|----------------------|---------------------------------------|--|
| Jodee Dennison | Billings Area Indian Health Services | Injury Prevention Specialist |
| Adrian Spotted Bird | Fort Peck Indian Reservation | Injury Prevention Specialist |
| Koren Bloom | Yellowstone County Safe Kids | Safe Kids Coordinator |
| Brad VonBergen | Billings Clinic | RN, Trauma Coordinator |
| Pam Buckman | Department of Transportation | Seat Belt Coordinator |
| Lorelle Demont | Department of Transportation | Impaired Driving Coordinator |
| James Driggers | DPHHS Senior & Long Term Care | TBI Advisory, Medicaid Waiver Program |
| Dianna Frick | Maternal & Child Health, ECHVP | Epidemiologist |
| Marie Haynes | Benefis Healthcare | Injury Prevention Coordinator |
| Heather Osbourne | Kalispell Regional Hospital | Injury Prevention Coordinator |
| David Huff | Office of Public Instruction | Drivers Education Program Manager |
| Caitlin Jensen | Maternal & Child Health, ECHVP | Fetal, Infant, Child Mortality Review Coordinator |
| Joe Hansen | EMS & Trauma Systems Section | EMS for Children Program Manager |
| Jennie Nemec | EMS & Trauma Systems Section | RN, Trauma System Coordinator |
| Judy Lapan | Richland County Public Health Dept. | Public Health Department Director |
| Georgiana Kochman | Department of Labor and Industry | Work Safe MT Program Manager |
| Michelle Schaefer | St. Patrick Hospital | Injury Prevention Coordinator |
| Laura Erickson | Pondera Medical Center | RN, Trauma Coordinator |
| Lonie Hutchison | Missoula City County Health Dept | DUI Task Force Coordinator, State Coordinator |
| Jason Mahoney | Yellowstone County Safe Kids | Child Safety Seat Technician, Think First Instructor |
| Melanie Reynolds | Lewis & Clark County Health Dept | Public Health Department Director |
| Melisa Synness | MT Healthy Mothers Healthy Babies | Executive Director |
| Angie Mullikin | Department of Transportation | Enforcement and Motorcycle Program Coordinator |
| Kelly Parsley | Carroll College | Intimate Partner Violence and Rape Coordinator |
| Suzan Phillips Scott | MT Healthy Mothers Healthy Babies | Buckle Up Montana Program Manager |
| Randi Szabo | Banak Communications | Native American Communication Specialist |
| Karl Roston | DPHHS Addiction and Mental Disease | Suicide Prevention Coordinator |
| Vicki Turner | DPHHS Prevention Services | Youth Substance Abuse and Risk Prevention |
| Wendy Olson | Kalispell Health Department | Child Safety Seat Technician, DUI Task Force |
| Kristen Morgan | Brain Injury Association of MT | Executive Director |
| Karin Billings | Office of Public Instruction | Health Curriculum & Bullying Program Director |
| Kathy Aragon | Safe Routes to School | Program Manager |
| Robin Suzor | DPHHS Child and Family Services | Program Administrator, Child Maltreatment Program |
| Ann Buss | DPHHS Maternal & Child Health | Early Childhood Home Visiting Program |
| Bobbi Perkins | DPHHS Injury Prevention Program | Injury Prevention Program Manager |
| Todd Harwell | DPHHS Chronic Disease | Bureau Chief |
| Jessie Frazier | DPHHS Injury Prevention Program | Epidemiologist |
| Siri Smilie | Attorney General's Invisible Epidemic | Prescription Drug Abuse Program Manager |
| Leigh Taggart | Screening Brief Intervention Program | RN, Contracted Project Manager |

Injury in Montana

Montana is a rural state with a population density of only 6.7 people per square mile and in 2008 was home to 968,035 people.¹ By density, 45 counties are classified as frontier, or having 6 or fewer people per square mile, and 10 counties having 6-50 people per square mile, classifying them as rural.¹ The majority of the population is of white race (90%) and the largest minority race in the state is American Indian (6%).² There are seven American Indian reservations in the state.

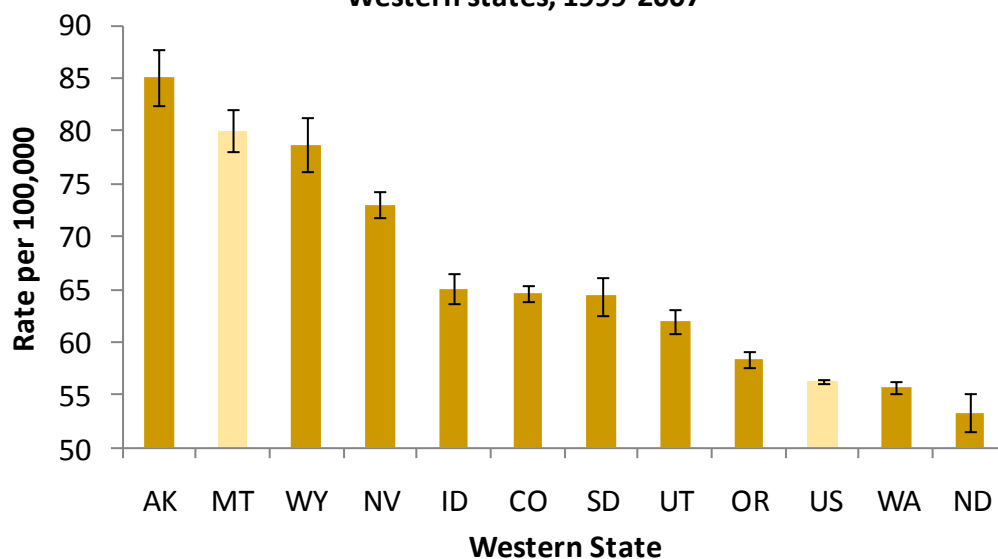
The Montana Injury Prevention Program (MIPP) was established in 2009 with funds allocated by the State of Montana Legislature to address the high rates of unintentional injury morbidity and mortality among Montana residents. Montana leads the nation with the 6th highest fatal injury rate of 85.2 per 100,000 and has the 2nd highest injury fatality rate of Western states (figure 1).³

Mission

To reduce unintentional injury and death among Montanans

Injuries are not accidents and are predictable and preventable. It is the mission of the MIPP to reduce morbidity and mortality due to unintentional injuries in Montana and work collaboratively with the other state programs to address high rates of intentional injuries as well.

Figure 1. Age-adjusted injury fatality rate for selected Western states, 1999-2007



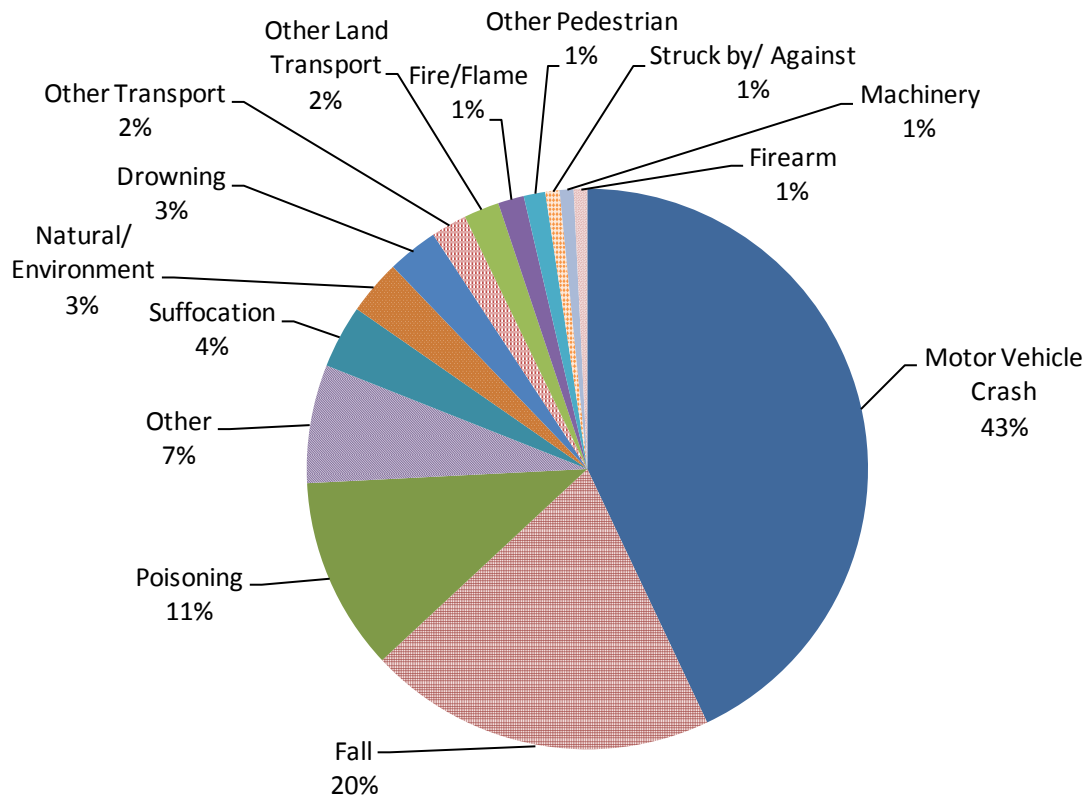
Background

Unintentional Injuries

While fatal injuries in Montana account for an average of 800 fatalities each year (2003-2007), they represent only a small proportion of all injuries. We estimate that thousands of individuals in Montana are seriously impacted by injury annually. However, due to the lack of complete injury data, we are unable to quantify the number and severity of all injuries in Montana.

Unintentional injury is the leading cause of death among 1 to 44 year olds and accounts for an average of 530 deaths a year in the state.⁴ Montana's unintentional injury fatality rate was 40% higher than the national rate in 2006 (55.6 deaths per 100,000 people and 39.8 deaths/100,000 people, respectively) and is among one of the highest fatality rates in the country. Three causes of unintentional injury fatalities make up 75% of all injury deaths: motor vehicle crashes, falls, and poisoning (figure 2).

Figure 2. Percent of unintentional deaths by type, 2000-2008, Montana



Background

Creating a State Plan

The priorities identified and documented in this plan will help the MIPP develop a productive, involved program that will be data driven and evidence based. These priorities will be the foundation that will lead to activities aimed at reducing the burden of injuries in Montana.

The MIPP counts on a diverse, active group of partners that participate on the Montana Injury Prevention Coalition (MIPC). One of the first activities for the MIPC and the MIPP was to develop a state plan to guide programmatic activities. Along with the MIPC, the MIPP developed goals and objectives to address the three causes of injury the lead to the most injury-related deaths in Montana as well as other topics like traumatic brain injury and substance-abuse related injuries. Goals were also developed to enhance data sources and ensure that continued surveillance of all injury topics continues.

Program Priorities

1. Utilize existing data to improve and disseminate data surveillance of injuries for Montana populations.
2. Build injury prevention program capacity.
3. Implement Senior Fall Prevention Intervention.
4. Work collaboratively with Montana DOT and other partners to increase seat belt usage and decrease alcohol-related motor vehicle crashes among Montanans.
5. Monitor unintentional poisoning and identify possible prevention interventions.

Surveillance

Goal 1: Improve data surveillance of injuries for Montana populations

- Collect and analyze available morbidity and mortality data to identify leading causes of injury for populations, particularly high risk populations
- Strategize steps to improve E-coding for Hospital Discharge Data
- Strategize steps to acquire Emergency Discharge Data with complete E-coding
- Support improvements in data sources (i.e., trauma registry, Hospital Discharge Data, Emergency Discharge Data)
- Utilize FICMR data for specific program and policy implications
- Participate on the Chronic Disease / Hospital Discharge Data Epi workgroup
- Develop and disseminate a burden of injury report
- Develop and disseminate quarterly topic-specific surveillance reports.

Goal 2: Build injury prevention program capacity

- Convene a Statewide Injury Prevention Coalition and develop a workgroup on Fall Prevention
- Develop a formal internal workgroup of DPHHS leaders to guide the development of a comprehensive injury prevention program
- Injury Prevention staff to attend the John Hopkins Injury Prevention Summer Institute Course in 2010
- Injury Prevention staff to consider the Epidemiology fellowship through I.H.S in 2010 / 2012
- Apply for NCIPC Core Funding 2011
- Update and maintain the EMSTS Injury Prevention webpage
- Develop a 5 year strategic plan
- Develop partnerships with county health departments, brain injury association, trauma centers, and other partners to promote injury prevention
- Develop partnerships with intentional injury prevention advocates (suicide, intimate partner violence, child maltreatment prevention)
- Discuss plans for an injury prevention conference

Interventions

Goal 3: Implement Senior Fall Prevention Intervention

Cochrane Research identified *Stepping On* to be an effective intervention for significantly reducing the incidence of falls in the senior population (30%). This intervention incorporates regular exercise, home safety visit, vision exam, and medication review conducted by trained professionals over a 7 week period.

- Implement a pilot project in 3 sites to provide *Stepping On* to community members age 65 and older.
- Identify / apply for funding to expand the program to more communities in Montana.
- Evaluate the pilot project (outcome and process).

Goal 4: Work collaboratively with Montana Department of Transportation (DOT) and other partners to increase seat belt usage and decrease alcohol-related motor vehicle crashes among Montanans

- Participate on the Montana DOT Comprehensive Highway Safety Plan Seat Belt Subcommittee to strategize best practice/evidence-based interventions for increasing safety belt usage.
- Promote Screening, Brief Intervention and Refer to Treatment (SBIRT) among healthcare providers in Montana. SBIRT is an evidence based program for reducing alcohol-related injury recidivism.
- Promote evaluation of prevention interventions.

Interventions

Goal 5: Monitor unintentional poisoning and identify possible effective prevention interventions

- Actively participate with state and national efforts to identify poison prevention interventions for unintentional poisonings in Montana
- Continue data surveillance of the incidence of poisoning in Montana
- Disseminate poison prevention brochures to injury partners and general public in Montana
- Contract with Rocky Mountain Poison Center to handle poison exposure calls

Conclusion

Using the State Plan for Injury Prevention

This plan will be used to guide injury prevention efforts by the MIPP over the next two years. In the future, we hope to gain further funding, expand the program, and continue to address the primary sources of injury in Montana. In the coming years, this plan will be expanded, revised, and updated to provide new challenges, incorporate new information, and address new issues. This plan will be a talking point and guiding tool for working with partners and for implementing programmatic activities.

The MIPP will encourage the use of this plan by partners and stakeholders by publishing it to the program website, distributing electronic copies, and presenting progress toward meeting the goals and objectives at meetings.

References

1. Montana Census and Economic Information Center. 2011. Accessed at: <http://ceic.mt.gov/EstimatesCntyPop.asp>.
2. United States Census Bureau. 2011. Accessed at: <http://www.census.gov/>.
3. Centers for Disease Control and Prevention , National Center for Health Statistics. Multiple Cause of Death File 2005-2006. CDC WONDER On-line Database, compiled from Multiple Cause of Death File 2005-2006 Series 20 No. 2L, 2009. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>
4. Montana Department of Public Health and Human Services. Injury Burden Report: Opportunities for Prevention in Montana, 2010.



PO Box 202951, Helena MT 59620 office - (406) 444-4126 fax - (406) 444-1814